

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



April 29, 2004

ALL COUNTY INFORMATION NOTICE NO. I-25-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: FOOD STAMP PROGRAM FORMS/NOTICES

The purpose of this All County Information Notice (ACIN) is to transmit newly developed, revised and obsolete notices and forms for the Food Stamp Program. A copy of each form has been attached for your reference.

FORMS/NOTICESFood Stamp Household Change Report - DFA 377.5 (4/04)

This form has been revised to comply with the requirement for change reporting households to report a change in the source of income, both earned and unearned.

Food Stamp Benefits How to Report Changes - FS 23/FS 23 QR (4/04)

This form has been revised to inform food stamp households that a change in the source of income, earned and unearned, must be reported.

Food Stamp Budget Worksheet – QR 285B (2/04)

The QR 285B was developed to be used for food stamp households subject to Quarterly Reporting (QR), change reporting and mid-quarter change reporting. Counties that have implemented QR will no longer use the DFA 285D (Food Stamp Budget Worksheet-Special Shelter Deductions) as this form has been incorporated in to the QR 285B. However, counties are to continue using the DFA 285C (Food Stamp Supplemental Application for Special Medical Deductions). Counties that have not implemented QR will continue to use DFA 285B, DFA 285C and the DFA 285D series.

Food Stamp Mid-Quarter Status Report – QR 377.5 (2/04)

This form is to be used for QR food stamp households to report mandatory and voluntary changes. Households are required to report changes in address and in number of hours worked or in training drops below 20 hours per week or 80 hours per month. Household may also use this form to voluntarily report changes that may impact their benefits.

Food Stamp Notice of Approval - QR 377.1 (4/04)

This notice replaces the DFA 377.1 QR. The QR counties are to use the QR 377.1 to notify both quarterly reporting and change reporting food stamp households of approval for benefits and the certification period. Since under QR neither quarterly reporting or change reporting households will have benefits suspended, this language has been removed. The QR 377.1 may now be used for all QR food stamp households.

Food Stamp Notice of Expiration of Certification - QR 377.2 (4/04)

This notice replaces the DFA 377.2 QR. Quarterly reporting counties are to use the QR 377.2 to notify both quarterly reporting and change reporting food stamp households of the expiration of the certification period and the need to be recertified. In addition, language has been added to inform change reporting households that the Food Stamp Household Change Report, DFA 377.5 may be brought to the recertification interview.

Addendum to the Food Stamp Application - TEMP 2131

This notice is obsolete. The questions and certification contained on this form have been incorporated in the DFA 285 series, SAWS 2 series and on the CW8/CW8A forms. The TEMP 2131 is no longer available and has been removed from the Internet.

CAMERA READY COPIES AND TRANSLATIONS

For a camera-ready copy of English and Spanish forms, please contact the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain these forms from the CDSS web page at: www.dss.cahwnet.gov/cdssweb/OnlineFor_271.htm. As soon as translations are completed, they are posted on an on-going basis on our web site. Copies of the translated forms and publications can be obtained from the CDSS web page at: www.dss.cahwnet.gov/cdssweb/formsandPu_274.htm. For any questions on translated materials, please contact Language Services at (916) 445-6778.

OLD STOCK

Counties are encouraged to use up any stock they may currently have of the DFA 377.1 QR, DFA 377.2 QR, and QR 377.2 forms before implementing the new forms. If you have any questions regarding this letter, please contact the Policy Implementation Unit at (916) 654-1896.

Sincerely,

Original Signed by:

RIGHTON YEE, Chief
Food Stamp Branch

Attachments

FOOD STAMP HOUSEHOLD CHANGE REPORT (DFA 377.5)**INSTRUCTIONS:**

You must report changes within 10 days of the time you learn of any change.

*You may report changes on this form, in person, **or** by calling the number below.*

If you use this form, only complete the sections that apply to the change(s) you are reporting.

If you have any questions about what changes you must report, ask your worker.

Worker:

Phone:

① INCOME CHANGES

- A. Did the source of your household's unearned income change or go up or down by more than \$50.00, such as: you got \$250.00 last month and you got \$301.00 this month? If **Yes**, complete 1 (C) below. ☐ **Yes** ☐ **No**
- B. Did the source of earned income for any household member change or go up or down by more than \$100.00? If **Yes**, complete 1 (C) below. ☐ **Yes** ☐ **No**
- C. If **Yes** to 1 (A) or 1 (B) above, enter all income of your household. Attach pay stubs or other proof of earnings. For all other income attach proof when a change is reported. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

| Name | Source (If Earnings, List Name of Employer) | Amount (Before Deductions) | How Often Received? | Date of Change |
|------|---|----------------------------|---------------------|----------------|
| | | | | |
| | | | | |
| | | | | |

② HOUSEHOLD COMPOSITION CHANGES

| Change | YES | Date of Change | If YES , give name of person, relationship and explain change. |
|--|-----|----------------|---|
| A. Did anyone move into your home, including a newborn? | | | |
| B. Did anyone move out of your home or die? | | | |
| C. Did you move in with someone else? | | | |
| D. Did anyone get married? | | | |
| E. Did anyone become disabled or recover from a disability? | | | |
| F. Did anyone turn age 60? | | | |
| G. Did anyone get a new Social Security Number?* If YES , attach proof. | | | |

③ RESOURCE CHANGES

- A. Did anyone buy or get a licensed vehicle? If **YES**, complete below: ☐ **YES**

| Vehicle Owner | Year and Class | Make and Model | Estimated Value | Amount Owed |
|---------------|----------------|----------------|-----------------|-------------|
| | | | \$ | \$ |

- B. Did the total of your household's cash on hand, money in checking and/or savings account, stocks, bonds, etc., reach or exceed \$2000 or \$3000 for a household that has a member who is disabled or age 60 or older? ☐ **YES**

If **YES**, complete section below:

| List Each Item | Amount | Date of Change |
|----------------|--------|----------------|
| | \$ | |
| | \$ | |
| | \$ | |

④ MEDICAL EXPENSES (FOR A HOUSEHOLD MEMBER WHO IS DISABLED OR AGE 60 OR OLDER)

- Does any household member who is disabled or age 60 or over have new or changed medical expenses of more than \$25, to report? ☐ **YES**
- If **YES**, you may report these expenses and it may increase your allotment once they are verified. **Attach proof** and complete below.

| Who Had the Expense? | Type of Expense | Amount | Who Had the Expense/ | Type of Expense | Amount |
|----------------------|-----------------|--------|----------------------|-----------------|--------|
| | | \$ | | | \$ |

⑤ JOB/TRAINING

- A. Did anyone start, stop, quit, refuse a job or training, change the number of hours of work or training or go out on strike? ☐ **YES**
- If **Yes**, complete 5B below and call your worker right away.

| Name of Person(s) | Relationship to You | Explain What Happened | Date of Change |
|-------------------|---------------------|-----------------------|----------------|
| | | | |

* Providing a Social Security Number (SSN) is required by 7 U.S. Code Section 2025E. Anyone who refuses to provide an SSN will be disqualified from receiving food stamps. The SSNs will be used to check identity, to prevent duplicate participation and to verify eligibility and benefits. The SSNs will be used in a computed match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.



6 ADDRESS AND SHELTER COST CHANGES

A. Do you have a new mailing address or phone number or do you plan to move? If **YES**, complete 6 C, 6 D and 6 E. ☐ YES

B. Did you move? If **YES**, complete 6 C, 6 D and 6 E. ☐ YES

C. Does someone else live at this address? If **YES**, give name(s) and relationship: ☐ YES

D. Enter you new address and/or phone number below and enter the date of the change here: _____

| Home Address (Number and Street) | | | Mailing Address (If Different)(Number and Street) | | |
|---|----------|------------|---|----------|---------------|
| City | Zip code | Home Phone | City | Zip code | Message Phone |
| E. Did your housing or utility costs change when you moved? If YES , complete 1, 2 and 3 below: <input type="checkbox"/> YES | | | | | |
| You may be asked to provide proof of your new shelter costs. | | | | | |
| 1. Enter the amount of each housing cost you have.  | | | | | |
| 2. If you claim actual utility costs, enter the amount of each utility cost you have.  | | | | | |
| If you claim the standard utility allowance (SUA), list the amount you pay for gas, electricity or other heating fuel. | | | | | |
| 3. Did anyone not part of your Food Stamp household help you pay any of your housing or utility costs? If YES , complete 3a, b and c. | | | | | |
| a. Enter the total housing costs paid by the Food Stamp household: \$ _____ | | | | | |
| b. Enter the total utility costs paid by the Food Stamp household: \$ _____ | | | | | |
| c. Give the name of each person who paid any of the costs, and if they paid housing and/or utility costs: _____ | | | | | |

| Rent or Mortgage: \$ | | Property Taxes or Insurance: \$ (If not in mortgage) | |
|----------------------|--------|--|--------|
| Utility | Amount | Utility | Amount |
| Gas or Fuel | \$ | Garbage or Trash | \$ |
| Electricity | \$ | Water | \$ |
| Telephone | \$ | Sewage | \$ |
| Utility Installation | \$ | Other(specify) | \$ |

7 DEPENDENT CARE EXPENSE CHANGES

Did you begin getting bills or has there been a change in the amount of your bills for the care of a child or other dependent so that someone in the home could go to work, training or look for a job? ☐ YES

If **YES**, complete section below and attach a receipt.

| Who Received Care? | Cost of Care | Why Care Was Needed | Who Received Care? | Cost of Care | Why Care Was Needed |
|--------------------|--------------|---------------------|--------------------|--------------|---------------------|
| 1. | | | 2. | | |

8 CHILD SUPPORT PAID BY HOUSEHOLD

Has any member of the food stamp household paid legally obligated child support for children not living in the home or with the household? Attach proof of the court order or administrative order showing the requirement to pay the child support and give the amount paid. If there has been a change in the amount of the legally obligated support, Attach proof of the change. ☐ YES

| WHO PAID CHILD SUPPORT | PAID TO WHOM | AMOUNT PAID | DATE PAID |
|------------------------|--------------|-------------|-----------|
| | | | |
| | | | |

9 DISQUALIFIED INDIVIDUALS/INELIGIBLE ALIENS

Did any person living in you home who is an ineligible alien or who has been disqualified from the Food Stamp Program have any of the changes in questions 1 through 7? ☐ YES

If **YES**, give the name of the person and the date of the change, and explain the change below.

10 Since your last report has anyone in your home been avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? ☐ YES ☐ NO

If Yes, who: _____

11 Since your last report has anyone in your home been convicted of drug-related felony for possession, use, or distribution of a controlled substance(s)? ☐ YES ☐ NO

| NAME | RELATIONSHIP TO YOU | DATE DRUG CRIME COMMITTED | DATE OF FELONY CONVICTION | CONVICTION WAS FOR: <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> POSSESSION <input type="checkbox"/> USE <input type="checkbox"/> OTHER (EXPLAIN) |
|------|---------------------|---------------------------|---------------------------|---|
| | | | | |

12 OTHER CHANGES/TEMPORARY CHANGES

Do you have any other changes to report or do you think of the changes in questions 1 through 7 are temporary? ☐ YES

If **YES**, explain _____

CERTIFICATION

- I understand that failing to report information or intentional misrepresentation of facts can result in legal prosecution with penalties of a fine, imprisonment or both. The penalties can result in disqualification from Program, fine up to \$250,000 and imprisonment up to 20 years. The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation.
- I understand that I have only 10 days to tell my worker about changes in my household.
- I understand that the facts I have reported will be matched and verified by local, state and federal staff.
- I understand that the household, any adult member (even if they move out), the sponsor of an alien household member, or the authorized representative of residents in an eligible institution may be required to repay extra benefits the household should not have received, even if it's the County's fault.
- I understand that I have the right to ask for a state hearing on any action by the County Welfare Department.
- I declare that the facts contained in this report are true, correct and complete.

| | |
|---|------|
| SIGNATURE (HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE) | DATE |
| SIGNATURE (WITNESS, IF YOU SIGNED WITH AN X) | DATE |

HOW TO REPORT

Everyone who receives food stamp benefits must report when their income or household situation changes. Most households have to report every month, but your worker will tell you whether you are a monthly or non-monthly reporting household.

The following list describes each type of reporting, but if you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your worker.

MONTHLY REPORTING

If your worker tells you that you are a monthly reporting household, you will need to turn in a complete Monthly Eligibility Report (CW 7) by the 5th day of each month.

When you turn in your monthly report, this information will be used to determine the amount of food stamp benefits you can get two months later. For example, your income and allowable expenses from January are used to figure the food stamp benefits you would get in March. This method is called retrospective budgeting.

You are required to report if:

- Anyone gets money from work, relatives, Social Security, Veterans benefits, tax refunds, or any other source, including self-employment.
- Anyone gets free rent or utilities.
- Anyone's job or training program changes.
- Anyone's income or source of income changes, starts or stops.
- Any child or any adult starts or stops school, college or training.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives and non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address. If you move to another county and you want to keep getting benefits, you must tell the county giving you aid and/or benefits AND ask for food stamp benefits again in the new county.
- Anyone gets payments or allowances for job, training or school expenses, such as educational grants and loans, transportation to and from job or training, etc.

- Anyone has job, training or school costs, such as dependent care, transportation, tuition, books, etc.
- Anyone has expenses that are paid for in total or in part by someone else, such as housing, utilities, medical, dependent care. etc.
- Any change in the order for court-ordered child support paid by a household member for a child not living in the home.
- Anyone gets, sells, gives away, or transfers property, such as a house, buildings or land; or personal property, such as money, a bank account, a boat, a trust fund. etc.
- Anyone's citizenship/immigration status of documentation changes, or they get a letter, form, or new card from INS.
- Anyone reaches 60 years of age.
- Any member of your household is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
- Any member of your household has committed and been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) that took place after August 22, 1996.

You may report the following changes to see if you can get more benefits:

- Any household member, who is disabled or age 60 or over, has changes in medical expenses or any new medical expenses.
- Any household member begins to pay court-ordered child support for a child not living in the home.

NON-MONTHLY REPORTING

If your worker tells you that you are a non-monthly, or “change reporting” household, you will need to report the following changes within ten (10) days by:

- mail, telephone or in person at the County Food Stamp office OR
- turning in a DFA 377.5, Food Stamp Household Change Report OR
- turning in a Monthly Eligibility Report if you get cash aid.

You are required to report the following changes within ten (10) days:

- If your household has a change in the source of monthly earned income, or your household’s monthly earned income starts, stops, or changes by more than \$100.00.
- If your household has a change in the source of monthly unearned income, or your household’s monthly unearned income starts, stops, or changes by more than \$50.00.
- Anyone’s source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address.
- Your household’s total cash, stocks, bonds, or other money is more than \$2000 (or \$3000 if someone in your household is age 60 or over).
- If there is a change in the amount of any court-ordered child support paid by a member of the household for a child not living in the home.
- Any member of your household is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole.
- Any member of your household has committed and been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) that took place after August 22, 1996.

You *may* report the following changes to see if you can get more benefits:

- Anyone reaches the age of 60.
- Any household member, who is disabled or age 60 or over, has changes in medical expenses or any new medical expenses.
- Anyone in the household begins or ends a physical or mental illness.
- You have changes in your dependent care costs.
- Anyone’s citizenship/immigration status or documentation changes, or they get a letter, form, or new card from INS.
- Any household member begins to pay court-ordered child support for a child not living in the home.

Transitional Food Stamp Benefits

If your household begins receiving transitional food stamp benefits, you do not have to report while receiving the benefits.

If you are receiving transitional food stamp benefits you may reapply to see if you can get more benefits. If you reapply and are approved for a regular food stamp benefits, then all normal reporting rules will apply.

FOOD STAMP BENEFITS

HOW TO REPORT HOUSEHOLD CHANGES

Everyone who receives food stamp benefits must report when their income or household situation changes. Most households have to report these changes on a quarterly basis. Other households will report changes on the change reporting basis. Your worker will tell you whether you are a quarterly or change reporting household. If you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your worker.

The following list describes each type of reporting.

QUARTERLY REPORTING

If your worker tells you that you are a quarterly reporting household, you will need to turn in a completed Quarterly Eligibility Report (QR 7) by the 5th day of each 3rd month of the quarter. Your worker will tell you about your quarters.

When you turn in your QR 7, the information will be used to determine the amount of food stamp benefits you can get for the next quarter. For example:

If you turn in a QR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May and June. If the income from February will stay the same, your cash aid and/or food stamp benefits for April, May and June will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you will get in April, May and June to figure your cash aid and/or food stamp amount for those months. This is called prospective budgeting.

Quarterly reporting rules say that you must report things at certain times. You will be assigned a "report month" for each quarter. This will be the second month of each quarter. For example, if your quarter is January, February and March, February would be your "report month" and your report would be due by the 5th day of March. The report is always due by the 5th day of the month following your report month and will be considered late if not received by the 11th day of the month. If your QR 7 is late, you will have to pay back any cash aid or food stamps that you received but not supposed to get.

You will have to report all income, changes in the number of people in your household, property bought or sold by people in your household and other information for that report month as well as any changes in your income and expenses that you expect to happen in the next quarter.

If you do not turn in a completed Quarterly Eligibility Status Report (QR 7) by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped.

What you must report on a Quarterly Report:

- Earned income from any source;
- Unearned income of any kind;
- Anyone getting free rent or utilities;
- Anyone who has expenses that are paid by someone else;
- Reduced hours of work or training;
- Someone moves in/out of your home;
- If you move;
- Any real or personal property bought, sold or exchanged;
- Any change in court-ordered child support paid by a household member;
- Anyone's citizenship/immigration status changes or receives correspondence from the INS;
- Anyone reaches 60 years of age;
- Anyone gets job, training or school payments for expenses;
- Anyone has a job, training or school costs such as for dependent care or supplies;
- Any household member convicted of a drug felony after August 22, 1996;
- Any household member fleeing from the law or in violation of probation.

REPORTING CHANGES DURING THE QUARTER

You must report the following things within (10) ten days of the change even if it is not your report month. You are to report:

- If your address changes.
- If you are an Able Bodied Adult Without Dependents (ABAWD); food stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours in a month.

REPORTING VOLUNTARY CHANGES

You may also report other information voluntarily even when it is not your report month. Reporting information voluntarily may cause your household benefits to go up. The county will take action within (10) ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification. **Even if you have already reported something to the County, you must also report it on your next QR 7.**

REPORTING VOLUNTARY CHANGES - Continued

Some examples of voluntary reporting that may cause your benefits to go up include:

- Loss of income;
- Member becomes disabled or 60 years old;
- Member begins to pay court-ordered child support;
- New household member in the home;
- Shelter/housing cost increases;
- Medical expenses.

Reporting voluntary changes will never cause your benefits to go down in the quarter that they are reported. However, some examples of voluntary reporting that may cause your benefits to go down in the next quarter include:

- Gain or increase of income;
- Someone with no income moves out of your home;
- Someone in your home who had no income dies;
- Someone with income moves into your home;
- Shelter cost decrease.

You **MAY** report changes between quarterly reports either by:

- Mail, telephone or in person at the county food stamp office or by turning in a Mid-Quarter Status Report or QR 3.

OTHER CHANGES

There are other circumstances that will require the county to decrease or discontinue your benefits during the quarter in which they happen. Here are the examples:

- A household member is sanctioned;
- Someone in your household receives benefits in another household;
- A California Food Assistance Program status changes.
- An Able Bodied Adult Without Dependents (ABAWD); food stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours in a month.

CHANGE REPORTING

If you are in a change reporting household you will not have to follow Quarterly Reporting rules. Instead, you **MUST** report the following changes within ten days:

- If your household has a change in the source of monthly earned income, or your household's monthly earned income starts, stops, or changes by more than \$100.00
- If your household has a change in the source of monthly unearned income, or your household's monthly unearned income starts, stops, or changes by more than \$50.00.
- Anyone's source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move or gets a new mailing address.
- Your household's total cash, stocks, bonds or other money is more than \$2000 (or \$3000 if someone in our household is age 60 or over or disabled).
- If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.

- If you are an Able Bodied Adult Without Dependents and your work hours drop below 20 hours a week or 80 hours a month.
- Any member of your household who is avoiding or running from the law to avoid felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
- Any member of your household has committed and been convicted of a drug related felony for possession, use or distribution of a controlled substance(s) that took place after August 22, 1996.

You **MAY** report when:

- Anyone's physical or mental illness begins or ends.
- Anyone's citizenship, immigration status changes or anyone gets a letter, form or new card from the INS.
- You have changes in your dependent care costs.
- Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
- Any member begins to pay court ordered child support for a child not living in the home.

You may report changes either:

- By mail, telephone, or in person at the County Food Stamp Office; or
- By turning in a DFA 377.5 Food Stamp Household Change Report form.

Transitional Food Stamp Benefits

If your household begins receiving transitional food stamp benefits, you do not have to report while receiving these benefits.

If you are receiving transitional food stamp benefits you may reapply to see if you can get more benefits. If you reapply and are approved for regular food stamp benefits, then all normal reporting rules will apply.

FOOD STAMP BUDGET WORKSHEET

| | | | | |
|----------------------|------|--------------------------|--|---|
| CASE NAME | | COMPANION CASE REFERENCE | CASE NUMBER | CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS |
| CERTIFICATION PERIOD | FROM | THROUGH | CHANGE REPORT <input type="checkbox"/> | QR 7 <input type="checkbox"/> |
| | | | MID-QUARTER REPORT <input type="checkbox"/> | |

PART 1 - INCOME FOR CHANGE REPORTING (CR) AND QUARTERLY REPORTING (QR) HOUSEHOLDS

| A. NONEXEMPT GROSS EARNED INCOME | GROSS SALARY/WAGES | SELF EMPLOYMENT | TRAINING ALLOWANCE | |
|--|-----------------------|--------------------|-----------------------|----------------------------|
| 1. Month 1/Year _____/____ | \$ _____ | \$ _____ | \$ _____ | |
| 2. Month 2/Year _____/____ | \$ _____ | \$ _____ | \$ _____ | |
| 3. Month 3/Year _____/____ | \$ _____ | \$ _____ | \$ _____ | |
| 4. Total Gross Earned Income (A1 + A2+ A3) | | | | Total \$ _____ (A4) |
| 5. QR Averaged Gross Earned Income (A4 ÷ number of months) | | | | Total \$ _____ (A5) |

| B. NONEXEMPT GROSS UNEARNED INCOME | CASH AID | SOCIAL SECURITY, UIB, DIB, PENSIONS | CHILD/SPOUSAL SUPPORT | SCHOLARSHIPS, GRANTS, LOANS | OTHER | |
|--|----------|---|--------------------------|--------------------------------|----------|----------------------------|
| 1. Month 1/Year _____/____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| 2. Month 2/Year _____/____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| 3. Month 3/Year _____/____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| 4. Total Gross Unearned Income (B1 + B2 + B3) | | | | | | Total \$ _____ (B4) |
| 5. QR Averaged Gross Unearned Income (B4 ÷ number of months) | | | | | | Total \$ _____ (B5) |

PART 2 - GROSS INCOME TEST FOR CR AND QR REPORTING HOUSEHOLDS

| C. GROSS INCOME TEST | | |
|--|----------|--|
| 1. Maximum Gross Income allowed for Household Size of _____ (from table) | \$ _____ | |
| 2. Total Gross Income (A4 + B4) or (A5 + B5) = | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Gross Income Eligible? (Is C2 less than or equal to C1?) | | Total \$ _____ (C3) |

PART 3 - NET INCOME

| D. NONEXEMPT GROSS INCOME | DOCUMENTATION | | | | | | | | |
|--|---|-------------|-------------|---|--|--|--|--|--|
| 1. Gross Earned Income (A4 or A5) | <input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ (Stable income) | | | | | | | | |
| 2. Adjusted Gross Earned Income (80% of D1) | | | | | | | | | |
| 3. Total Gross Unearned Income (B4 or B5) | | | | | | | | | |
| 4. Nonexempt Gross Income (D2 + D3) | | | | | | | | | |
| 5. Excess Medical Expenses (Special Medical) | | | | | | | | | |
| 1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses. | <input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____ (Stable income) | | | | | | | | |
| 2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses. | | | | | | | | | |
| 3. Total Allowable Expenses (E1 + E2) | | | | | | | | | |
| 4. Less Medical Expense Allowance (\$35) | | | | | | | | | |
| 5. Excess Medical Expenses (E3 - E4) | | | | | | | | | |
| F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">QTR AVG</th> <th style="width:50%;">MID QTR AVG</th> </tr> <tr> <td><input type="checkbox"/> Dependent Care</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Child Support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Expense</td> <td></td> </tr> </table> <input type="checkbox"/> Utilities <input type="checkbox"/> Actual (Averaged over cert. period) <input type="checkbox"/> SUA <input type="checkbox"/> Housing | QTR AVG | MID QTR AVG | <input type="checkbox"/> Dependent Care | | <input type="checkbox"/> Child Support | | <input type="checkbox"/> Medical Expense | |
| QTR AVG | | MID QTR AVG | | | | | | | |
| <input type="checkbox"/> Dependent Care | | | | | | | | | |
| <input type="checkbox"/> Child Support | | | | | | | | | |
| <input type="checkbox"/> Medical Expense | | | | | | | | | |
| 1. Standard Deduction | | | | | | | | | |
| 2. Dependent Care | | | | | | | | | |
| Child(ren) Under Two | | | | | | | | | |
| Other Dependents & Child(ren) 2 and Over | | | | | | | | | |
| Total Dependent Care Deductions | | | | | | | | | |
| 3. Homeless Shelter Deduction | | | | | | | | | |
| 4. Child Support Deduction | | | | | | | | | |
| Total Legally Obligated Child Support Paid Out by Household | | | | | | | | | |
| 5. Excess Medical Expenses (E5) | | | | | | | | | |
| 6. Total Deductions (F1 + F2 + F3 + F4 + F5) | | | | | | | | | |
| G. ADJUSTED NET INCOME | | | | | | | | | |
| 1. Nonexempt Gross Income (D4) | | | | | | | | | |
| 2. Total Deductions (F6) | | | | | | | | | |
| 3. Adjusted Net Income (D4 - F6) or (G1 - G2) | | | | | | | | | |
| H. SHELTER DEDUCTION | | | | | | | | | |
| 1. Total Housing Costs | | | | | | | | | |
| 2. Total Utility costs (Actual or SUA) | | | | | | | | | |
| 3. Total Shelter costs | | | | | | | | | |
| 4. Allowable Shelter costs (50% of G3) | | | | | | | | | |
| 5. Excess Shelter costs (H3 - H4) | | | | | | | | | |
| 6. Maximum Allowance For Shelter | | | | | | | | | |
| 7. Allowable Shelter Deduction (Lesser of H5 or H6) | | | | | | | | | |
| I. NET MONTHLY INCOME (G3 - H7) | | | | | | | | | |
| J. NET INCOME TEST | | | | | | | | | |
| 1. Household Size | | | | | | | | | |
| 2. Maximum Net Income Allowable (from table) | | | | | | | | | |
| 3. Net Income eligible | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |

PART 4 - BENEFITS

| | | |
|-----------|------------|--------------------|
| ALLOTMENT | SUPPLEMENT | E.W. Initials/Date |
|-----------|------------|--------------------|

| | | | | | |
|---|--|--|--|--|--|
| K. RESOURCE ELIGIBILITY (Nonexempt Resources Only) | | PAYMENT QUARTER | | PAYMENT QUARTER | |
| | | 1. Quarter/Month's Resources \$ _____ 2. Additional Resources (specify) a. _____ b. _____ c. _____ 3. Subtotal (K1 + K2a + K2b + K2c) \$ _____ 4. Resources Sold, Traded or Given Away (specify) a. _____ b. _____ c. _____ 5. Subtotal (K4a + K4b + K4c) \$ _____ 6. Current Resources (K3 - K5) \$ _____ 7. Resource Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ _____ _____ _____ \$ _____ \$ _____ _____ \$ _____ \$ _____ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PART 5—INCOME COMPUTATIONS | | PAYMENT QUARTER | | PAYMENT QUARTER | |
| L. SELF-EMPLOYMENT (Nonexempt Resources Only) | | 1. Gross Income from Self-Employment \$ _____ 2. Expenses: <input type="checkbox"/> Standard 40% Deduction <input type="checkbox"/> Actual Expenses (Verification Required) \$ _____ 3. Total Nonexempt Income from Self-Employment If averaging self-employment income go to L7. If adjusting a previous average, continue to L4. \$ _____ 4. Adjustment to Gross Income \$ _____ 5. Adjustment to Expenses \$ _____ 6. Adjusted Self-Employment Income (L3 + L4 + L5) \$ _____ 7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers) \$ _____ | | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | |
| M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS | | PAYMENT QUARTER | | PAYMENT QUARTER | |
| | | 1. Income from Grants, Scholarships or Loans \$ _____ 2. Tuition and Mandatory Fees \$ _____ 3. Total Nonexempt Educational Income (M1 – M2) \$ _____ 4. Monthly Income from Grants, Scholarships or Loans (M3 ÷ number of months income covers) \$ _____ | | \$ _____ \$ _____ \$ _____ \$ _____ | |
| PART 6—REPORTED CHANGES (Other than the QR 7 or DFA 377.5) | | | | | |
| Type of Change | | | | | |
| Date Change Occurred | | | | | |
| Date Change Reported | | | | | |
| EW Initials | | | | | |

FOOD STAMP MID-QUARTER STATUS REPORT**INSTRUCTIONS:**

Use this form to report ABAWD and/or address changes that have occurred since your last Quarterly Report (QR 7).

Use this form to report changes you think will increase your food stamp benefits, please provide proof, such as, pay stubs; copies of checks; letters from agencies, etc.

If you are reporting changes in expenses, please provide proof, such as, receipts; canceled checks, paid invoices; etc.

•

•

Worker:

Phone:

MANDATORY ABAWD INFORMATION

Answer for any Able-Bodied Adult without Dependents (ABAWD) in your household:

The number of hours worked or in training dropped from 20 hours a week or 80 hours a month to _____ hours a week or _____ hours a month.

In the week(s) of _____

In the month(s) of _____

Name of Person(s) _____ Relationship to You _____

Explain What Happened _____

CHANGE OF ADDRESS

NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD, ETC.) _____ CITY _____ STATE _____ ZIP CODE _____ NEW PHONE _____

DATE MOVED _____ NEW MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS) _____ CITY _____ STATE _____ ZIP CODE _____

ARE YOU GETTING FREE RENT AT THE NEW ADDRESS YOU HAVE LISTED?

☐ YES ☐ NO, IF NO, AMOUNT OF RENT \$ _____

ARE YOU GETTING FREE UTILITIES AT THE NEW ADDRESS YOU HAVE LISTED?

☐ YES ☐ NO, IF NO, AMOUNT OF UTILITIES\$ _____

VOLUNTARY INFORMATION (All household/s Assistance Units)

I would like to report the following information: _____

CERTIFICATION

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And, I may be charged with committing a felony if more than \$400 in food stamp benefits is wrongly paid out.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:

Head of household, household member or the household's authorized representative.

Signature or Mark

Date Signed

Home Phone

Contact Phone

Signature of Spouse or other Parent of Cash Aided Children, Adult Household Member or Authorized Representative

Date Signed

Signature of Witness to Mark, interpreter or other person completing form

Date Signed

FOOD STAMP NOTICE OF APPROVAL

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

☐ **YOUR APPLICATION FOR FOOD STAMP BENEFITS HAS BEEN APPROVED.** Your certification covers the period from _____ through _____.

We used the facts you gave us to figure your benefits. If nothing changes you will get:

\$ _____ for _____ for _____ people.
\$ _____ for _____ for _____ people.
\$ _____ for _____ for _____ people.

- ☐ Your food stamp eligibility starts the same day as your cash aid.
☐ Your first month's benefits include more than one month's benefits because of the date your application was approved.
☐ Your first month's benefits were prorated from the date you filed your application.

☐ **BECAUSE YOU NEEDED FOOD STAMPS RIGHT AWAY**, we did not require you to give us the following verification:

You must give us this verification before _____ or your food stamp eligibility will stop. You will not get another notice. If the verification you send changes your eligibility or benefits, we will make the change. You **will not** get an advance notice before we take this action.

IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your food stamp benefits may be lowered or stopped without another notice if your cash aid is approved.

☐ **COMMENTS:**

Rules: These rules apply:
You may review them at your welfare office.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

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STREET ADDRESS

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